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JUL 13 2010

DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$: 50-

Receipt No. 091335

Receipt By: SPG

Date Received: 7-13-2010

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has completed all work that will occur for the development of a water right and that water has been applied to beneficial use(s) to the extent described below. This form must be accompanied by a license examination fee, when necessary, or accompanied by a completed Beneficial Use Field Report prepared by a certified water right examiner. If you no longer own the property and want to convey this permit to the new owner, please complete an Assignment of Permit form and send it to the Department with a \$25.00 filing fee. Assignment forms are available from any Department office or at www.idwr.idaho.gov.

1. Permit No. 63-11645-Application Number Telephone No. 208-459-9669

2. Name of Permit Holder(s): Thomas & Sharon Needham

3. Mailing Address: 19001 Pride Lane City Caldwell
State ID Zip 83607 Email: Sn1776frdm@aol.com

4. Source of Water: Ground If GROUND WATER (well) Date Drilled: mo 3-23 / yr. 92
Well Driller: Bill Doty Drilling Permit Number: 63-92-C-020

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): _____ Stockwater (No. and type of stock): _____

Irrigation (No. of acres): 7-10 Other: usually about 6 1/2

6. Total rate of diversion or storage volume for which proof is submitted: ? This is a pressure pump - not cfs OR acre-feet.
volume pump. 10 H

7. Compliance with a Measuring Device requirement and/or other Conditions of Permit: (Refer to the approval conditions on your permit and respond accordingly.)

Measuring Device: Is a measuring device required? ?
If yes, has the measuring device been installed? ?

Yes ☐	or No ☐
Yes ☐	or No ☐

Conditions of Permit: Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary.)

(No clue)

Completed?

Yes ☐	or No ☐
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Completed?

Yes ☐	or No ☐
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8. Fee Enclosed: \$ _____ (See Fee Schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.)

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Tom or Sharon Needham Telephone Number: 459-9669

Mailing Address: 19001 Pride Lane City Caldwell

State ID Zip 83607 Email: Sn1776frdm@aol.com

10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of permit holder: Sharon N. (include your title, if on behalf of company or organization) Date: 7-4-10

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

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1. Permit No. 63-11645 Telephone No. 208-459-9669

2. Name of Permit Holder(s): Tom + Sharon Needham

3. Mailing Address: 19001 Pride Lane City Caldwell

State ID Zip 83607 Email: SN1776@aol.com

4. Source of Water: Ground- If **GROUND WATER** (well), Date Drilled: mo. 5-12 yr. 93

Well Driller: Adamson Pump Drilling Permit Number: 63-93-W-0363

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): 1 Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: No clue cfs OR 3/4 H pump ~~200~~ gpm.

7. Compliance with a Measuring Device requirement and/or other Conditions of Permit: (Refer to the approval conditions on your permit and respond accordingly.)

Measuring Device: Is a measuring device required? No clue
If yes, has the measuring device been installed?

Yes ☐	or No ☐
Yes ☐	or No ☐

Conditions of Permit: Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary.)

Completed?	Yes ☐	or No ☐
Completed?	Yes ☐	or No ☐

8. Fee Enclosed: \$ 25 (See Fee Schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.)

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Tom or Sharon Needham Telephone Number: 208-459-9669

Mailing Address: 19001 Pride Lane City Caldwell

State ID Zip 83607 Email: SN1776frdm@aol.com

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(include your title, if on behalf of company or organization)